

The Script

 network
health
Dispensing pharmacy
updates and guidance

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Pharmacy Benefit's Response to Coronavirus

For Network Health's most up-to-date coronavirus response information, please see networkhealth.com/coronavirus.

New Pharmacy Debut: Amazon

Amazon continues to expand into the pharmacy world, now merging its existing business of PillPack with the debut of Amazon Pharmacy. Amazon Pharmacy is considered in-network for all lines of business. It is a standard pharmacy with Network Health Medicare, so Medicare members will have a higher copayment compared to preferred pharmacies.

Currently, Amazon limits prescriptions to 30-day supplies and the following items are not available at this time.

- Schedule II controlled medications
- Diabetic testing and administration supplies such as test strips, blood glucose meters and pen needles
- Compounded medications

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Step Therapy for Medical Drug

In our continued efforts to keep medical and premium costs down for our members, we are implementing a step therapy approach to certain categories of medical drug, both through Care Continuum Utilization Management (CCUM) and our oncology vendor, eviCore. Prior authorization (PA) requests will require members to use a preferred agent, unless certain criteria are met to justify using the non-preferred agents. Please reference the below drug lists for additional information.

CCUM Drug Management Program Preferred Drug List

Effective January 1, 2021. Register at [express-path.com](https://www.express-path.com). If you have questions, please call 877-787-8705.

Drug Class	Preferred Agents	Non-Preferred Agents	Step Therapy Requirements
Colony-stimulating factors filgrastims*	Nivestym® Zarxio®	Neupogen® Granix®	Use one of the preferred drugs before non-preferred drug

Erythroid-stimulating agents*	Procrit® Retacri®	Aranesp® Epogen® Mircera®	Use one of the preferred drugs before non-preferred drug
Immunologicals	Fasenra® Nucala®	Cinqair®	Use one of the preferred drugs before non-preferred drug
Inflammatory conditions infliximab products	Remicade®	Avsola™ Inflectra® Renflexis®	Use Remicade before non-preferred drug
IV iron replacement products	Ferrlecit® INFed® Venofer®	Feraheme® Injectafer® Monoferric®	Use one of the preferred drugs before non-preferred drug
Ophthalmic VEGF Products	compounded bevacizumab	Beovu® Eylea® Lucentis®	Use of bevacizumab before non-preferred drug
Rituximab products*	Ruxience® Truxima®	Rituxan®	Use of 1 of the preferred drugs before non-preferred drug

*Denotes a drug that may be included in the eviCore Oncology Management Program. If the diagnosis is oncology, please contact eviCore at 855-727-7444 or myportal@evicore.com.

Please note that newly approved specialty drugs—not yet identified on this list—may be subject to prior authorization and step therapy.

EviCore Drug Management Program Preferred Drug List

Effective January 1, 2021. Register at myportal.medsolutions.com. If you have questions, please call 855-727-7444.

Preferred Agents	Non-Preferred Agents	Step Therapy Requirements
Ruxience® Truxima®	Rituxan® Rituxan Hyclea®	Continuation of therapy (within past 180 days) or trial and failure or contraindication to preferred agents
Mvasi™ Zirabev®	Avastin®	Continuation of therapy (past 180 days) or trial and failure or contraindication to preferred agents
Ogivri® Trazimera™	Herceptin® Herceptin	Continuation of therapy (past 180 days) or trial and failure or contraindication to preferred agents

Hylecta™
Herzuma®
Kanjinti™

Zarxio® Neupogen® Continuation of therapy (within past 180 days) or trial and
Nivestym® Granix® failure or contraindication to preferred agents

Please note that newly approved specialty drugs—not yet identified on this list—may be subject to prior authorization and step therapy.

New Generics Released in 2020

Several common generic medications were launched in 2020. Generics tend to be priced considerably lower than brand names and are on a lower tier of the patient's pharmacy formulary. However, there may be significant cost variability depending on the manufacturer and retail pharmacy. An excellent resource for consumers to price out medications is [GoodRx.com](https://www.goodrx.com).

While generic medications tend to be a cost-savings option, some patients may feel hesitant about switching off a brand medication to go to the generic equivalent. [A recent article published in U.S. Pharmacist](#) provides talking points and resources for discussing the difference between brand and generic medications with patients.

Brand	Generic Name	Generic Launch Date
NuvaRing®	EluRyng™ Etonogestrel and ethinyl estradiol ring	January 2020
NovoLog®	Insulin aspart	January 2020
NovoLog® Mix 70/30	Insulin aspart 70/30	January 2020
Ciprodex®	Ciprofloxacin 0.3%/ dexamethasone 0.1% otic suspension	August 2020
Truvada®	Emtricitabine/tenofovir	October 2020

Volataren[®]: Prescription to Over-the-Counter

Voltaren 1% gel is now available as an over-the-counter (OTC) product, Voltaren Arthritis Pain Gel. The over-the-counter product is the same strength as the prescription. A 50 gram tube is around \$10. Voltaren 1% gel and its generic, diclofenac sodium 1% gel, are not covered drugs for commercial plans in 2021. Diclofenac sodium 1% gel remains a Tier 2 covered drug for Medicare plans in 2021.

Shingrix[®]

Previous supply problems with the Shingrix vaccine have been resolved. If a patient is due for a Shingrix vaccine, please him or her them call the pharmacy to make an appointment.

Shingrix is a Tier 3 covered drug for Medicare plans. Since Medicare classifies Shingrix as a Part D medication, it is least costly for your patient to receive the vaccination at a pharmacy versus receiving it at a provider's office. There is a \$42 copayment for each of the two shots in the series, if received at a preferred pharmacy.

The recommended dosing interval between the two shots is two to six months. If it has been greater than 6 months since the first dose, it is still recommended to give the second dose.

Pharmacy and Therapeutic Changes for November 2020

New Drug Additions

Comment Preferred Brand Non-Preferred Brand Preferred Specialty Non-Preferred Specialty

Blenrep

PA¹

M, C

Fintepla®	PA		M, C
Inqovi®	PA ¹		M, C
Kynmobi™		C	M
Monjuvi™	PA ¹		M, C
Phesgo™	PA ¹		M, C
Qinlock™	PA ¹ , QL ²		M, C
Retevmo™	PA ¹ , QL ²	C	M
Rukobia			M, C
Tabrecta™	PA ¹		M, C
Zeposia™	QL ³		M, C
Zepzelca™	PA ⁴	C	M, C
Zilxi™ ⁵		M	

C indicates commercial preferred drug list (PDL) status

M indicates Medicare PDL status

PA indicates that prior authorization is required

QL indicates a quantity limit

Footnotes:

1. Commercial PA will go through eviCore
2. Quantity limit only with Commercial line of business
3. Quantity limit only with Medicare line of business
4. PA only with commercial line of business and will go through eviCore
5. Excluded from Commercial formulary and Medicare closed formulary

Medicare Quantity Level Limit Updates

Trulicity®	3 mg/0.5 mL pen 4.5 mg/0.5 mL pen	21/28 days
Bafiertam™ DR	95 mg capsule	120 capsules/30 days
Tobramycin	300 mg/4 mL ampule	224 mL/28 days
Lampit®	120 mg tablet	270 tablets/30 days
Lampit®	30 mg tablet	360 tablets/30 days

Commercial Quantity Level Limit Updates

Methylphenidate (Concerta®)	18 mg 27 mg	Removing quantity limits
Tobramycin	300 mg/4 mL ampule	56 ampules/fill
Cabometyx®	40 mg tablet 60 mg tablet	30 tablets/fill
Osmolex® ER	322 mg tablet	60 tablets/fill
Qinlock™	50 mg tablet	90 tablets/fill
Retevmo®	40 mg capsules 80 mg capsules	180 capsules/fill 120 capsules/fill
Jynarque®	15 mg-15 mg tablet 30 mg-15 mg tablet	56 tablets/fill

Prior Authorization Updates

Commercial and Medicare

These new prior authorizations are effective on January 1, 2021.

- **Cinryze®** (C1 inhibitor–human) - Removed requirements for long-term prophylaxis approval following HPMS review
- **Stelara®** (ustekinumab) - Updated age for plaque psoriasis

- **Zelboraf[®], Tafinlar[®], Mekinist[®], Cotellic[®]** (BRAF mutations in malignant melanoma) - Added diagnoses based on NCCN guideline updates
- **Juxtapid[®], Kynamro[®]** (familial hypercholesterolemia) - Added a provision for statin intolerant patients following HPMS review
- **Zejula[®]** (niraparib) - Including additional FDA-approved indications per HPMS review
- **Xyrem[®]** (sodium oxybate) - Adding Xywav to prior authorization
- **Haegarda[®]** (C1 inhibitor–human) - Removed requirements for long-term prophylaxis approval following HPMS review
- **Aimovig[®]** - Updating prescribers to include pain specialist, per HPMS review
- **Takhzyro[®]** - Removed requirements for long-term prophylaxis approval following HPMS review
- **Epidiolex[®]** (cannabidiol) - Updating age to one year and older based on updated FDA indication
- **Sunosi[®]** (solriamfetol) - Adding pulmonologist as additional prescriber per HPMS review
- **Enspryng[™]** - New prior authorization
- **Evryssi[™]** - New prior authorization
- **Mycapssa[®]** (octreotide delayed-release capsules) - New prior authorization

Medicare

- **Cimzia[®]** (certolizumab pegol) - Removed vaccine requirement following HPMS review
- **Actemra[®]** (tocilizumab) - Updated to separate juvenile idiopathic arthritis into polyarticular and systemic categories following HPMS review
- **Ofev[®], Esbriet[®]** (idiopathic pulmonary fibrosis) - Updating criteria to take effect January 1, 2021
- **Aubagio[®]** (teriflunomide) - Updating to include additional diagnoses per HPMS review
- **Repatha[®], Praluent[®]** (PCSK9 inhibitors) - Added provision for statin intolerant patients following HPMS review
- **Taltz[®]** (ixekizumab) - Updated age and diagnosis to include non-radiographic axial spondyloarthritis per HPMS review
- **Tremfya[®]** (guselkumab) - Added psoriatic arthritis indication
- **Revlimid[®]** (lenalidomide) - Expanded criteria to allow for coverage in certain myelofibrosis patients per HPMS review
- **Thalomid[®]** (thalidomide) - Expanded criteria to allow for coverage in certain myelofibrosis patients per HPMS review
- **Pomalyst[®]** (pomalidomide) - Removed AIDS-related kaposi sarcoma from off-label uses, as this is now an FDA-approved indication
- **Semglee[™]** - Adding to basal insulin criteria
- **Emgality[®]** (galcanezumab-gnlm) - New prior authorization
- **Ajovy[®]** (fremanezumab-vfrm) - Updating prescribers to include pain specialist, per HPMS review
- **Blenrep** - New prior authorization

- **Inqovi**[®] - New prior authorization
- **Viltepso**[™] - New prior authorization
- **Gavreto**[™] (pralsetinib) - New prior authorization

Commercial

- **Synjardy**[®], **Synjardy**[®] **XR** (SGLT 2 inhibitors) - Added to preferred products for CY2021
- **Rybelsus**[®] - Adding to Byetta[®]/Bydureon[®] as preferred product for CY2021

Step Therapy Updates

Medicare

- **DPP-4 therapy** – Beginning January 1, 2021, adding an exception for products containing empagliflozin
- **GLP-1 therapy** - Beginning January 1, 2021, adding in exception for Victoza[®], Ozempic[®] and Trulicity[®] related to cardiovascular risks
- **Pulmonary anti-inflammatory therapy**
 - Beginning January 1, 2021, will no longer have step therapy for closed formulary
 - Beginning January 1, 2021, will include Symbicort[®] and its generic as first line for open formulary

Contact Network Health Pharmacy Department

A pharmacist at Network Health is always available to help your office staff with any pharmacy-related questions. The pharmacist contact information is listed below.

- General pharmacist email pharmacist@networkhealth.com
- Beth Coopman bcoopman@networkhealth.com
- Gary Melis gmelis@networkhealth.com
- Anna Peterson Sanders apeterso@networkhealth.com
- Ted Regalia tregalia@networkhealth.com

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- Andy Wheaton awheaton@networkhealth.com
 - Sarah Wilczek swilczek@networkhealth.com



Pharmacy Review

If you have questions about the 2020 or 2021 pharmacy prescription benefits for Network Health members, or questions about websites where members can obtain information on patient assistance programs to help cover cost of medications, please contact Gary Melis at gmelis@networkhealth.com or **920-720-1696**. Gary is available for office visits to discuss any pharmacy-related topics with your staff.



Preferred Drug List

Network Health's most up-to-date Preferred Drug List can be found at networkhealth.com/look-up-medications. Members must select their plan from the dropdown to access the appropriate drug list for that plan.

If you are not a current subscriber to *The Script* and you would like to be added to the mailing list, please email us today.

Current and archived issues of *The Pulse*, *The Script* and *The Consult* are available at:
networkhealth.com/provider-resources/news-and-announcements.



Don't forget to check us out
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